

DIRECT DEPOSIT WORKSHEET

Complete a copy of this form to redirect any direct deposits. Send each form, along with a voided check from your First Port City Bank Account, to your employer.

TO WHOM IT MAY CONCERN, PLEASE REDIRECT MY DIRECT DEPOSIT:

EFFECTIVE: Immediately / Beginning On: _____

Business/Organization: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please change my direct deposit so that payment is taken from my new account:

First Port City Bank Account Number: _____

First Port City Bank Routing Number: **061202452**

Signature: _____ Print Name: _____

Date: _____

HELPFUL HINT: Note that some companies or organizations, like the Social Security Administration may require a special form. Direct deposits should take effect within two to three deposit periods. Keep your former account open until all direct deposits have been switched to your new First Port City Bank account.



Need Help? Contact Us:
229-246-6200 - Georgia
904-557-9355 - Florida

FORM-DDW
REV. 122424

